

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175340</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/11/2014</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ALDRSGATE VILLAGE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3220 SW ALBRIGHT DR</b> <b>TOPEKA, KS 66614</b>			
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F 000	INITIAL COMMENTS			F 000			
F 309 SS=D	<p>The following citations represent the findings of complaint investigations #72220, 72586, 72952, and 74441.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: The facility identified a census of 188 residents with 7 residents sampled. Based on observation, interview, and record review, the facility failed to prevent the development of multiple skin tears for 1 of 4 residents reviewed for accidents (#7).</p> <p>Finding included:</p> <ul style="list-style-type: none"> <li>- The Physician's Order Sheet dated 2/1/14 documented the facility admitted resident #7 on 12/23/11 and recorded the diagnoses Alzheimer's disease (a progressive mental deterioration characterized by confusion and memory failure) and lack of coordination.</li> </ul> <p>Review of the annual Minimum Data Set 3.0 Assessment (MDS) dated 2/4/14 documented the resident with a Brief Interview for Mental Status score of 6 which indicated severe cognitive impairment. This same MDS recorded the</p>			F 309			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>resident required extensive assistance of two staff members for bed mobility, transfers, dressing, toileting, personal hygiene, and extensive assistance of one staff for eating.</p> <p>Review of the Care Area Assessment for activities of daily living (ADLs) recorded the resident required extensive assistance of staff and a mechanical lift for transfers and required extensive to full staff performance with all ADLs.</p> <p>Review of the resident's comprehensive plan of care revised 3/10/14 documented the resident at risk for skin breakdown, pressure ulcers and reoccurring bruises and skin tears, with a history of skin tears on 11/9/13 and 2/5/14 to the resident's left hand, poor safety awareness, and required extensive assistance of two staff with repositioning. The revision recorded the resident's goal for minimal incidents of skin tears/bruises and directed staff to apply tube sleeves (reusable, washable, full arm coverings to protect against abrasions, bruises, snags and skin tears) to the resident's arms in the morning and off at bedtime, with the intervention initiated on 10/5/13.</p> <p>Review of the Physician's Order Sheet dated 2/1/14 documented the physician's order dated 10/5/13, Geri-sleeves (reusable arm sleeves to protect extremities from skin abrasions, bruises, snags and tears) on in the morning and off at bedtime.</p> <p>Nursing notes dated 4/9/14 at 8:18 A.M., recorded at approximately 7:15 A.M., during a transfer with a mechanical lift, the resident obtained a part laceration/part abrasion to the left posterior hand approximately 3 centimeters by 2</p>			F 309			

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F 309	<p>Continued From page 2</p> <p>centimeters in size. The nursing staff applied a pressure dressing to stop the bleeding and obtained a physician's order to transport the resident to an acute care hospital emergency room for treatment.</p> <p>Nursing notes dated 4/9/14 at 9:08 P.M., recorded the resident returned from the emergency room at approximately 1:00 P.M. with physician orders to apply a thin layer of Neosporin (antibiotic) ointment to the wound at least twice daily, keep the wound covered with a well-padded dressing, and follow up with the physician by early next week.</p> <p>Physician orders (untimed) dated 4/10/14 documented two trauma wounds to the resident's left hand. The order directed staff to cleanse the Mepitel (a thin, semi-transparent dressing that will conform to the shape of a wound and used in combination with an outer absorbent dressing) placed over the wound bed, leave the Mepitel in place for 10 days, and cleanse the wound through this covering. Cover the Mepitel with bordered foam dressing and change every five days or as needed if saturated. Check dressing daily.</p> <p>Observation on 4/10/14 at 2:30 P.M. revealed the resident laid in a low bed; head raised, and wore protective Geri-sleeves on both arms.</p> <p>Observation during a wound dressing change on 4/10/14 at 5:40 P.M., revealed two intact protective dressings on the posterior left hand. Administrative nursing staff D removed the dressing to reveal an area approximately 2.5 centimeters in diameter on the posterior hand between the forefinger and thumb and a second area on the posterior lateral hand approximately</p>	F 309			

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F 309	<p>Continued From page 3</p> <p>one centimeter in length with moderate bruising around the second area.</p> <p>On 4/10/14 at 4:50 P.M., direct care staff P reported, staff transferred the resident with a mechanical lift and staff placed Geri-sleeves on the resident's arms in the morning.</p> <p>On 4/10/14 at 5:15 P.M. direct care staff O reported staff placed the Geri-sleeves on the resident's arms in the morning and took the Geri-sleeves off at night.</p> <p>On 4/10/14 at 5:25 P.M., licensed nursing staff H reported the resident experienced another skin tear this morning on the outside of the left hand.</p> <p>During an interview on 4/10/14 at 5:30 P.M., administrative nursing staff D reported on the morning of 4/9/14 staff transferred the resident from his/her bed to a Broda chair (a specialized wheelchair with the ability to tilt and recline) with a mechanical lift when the resident experienced a skin tear to the left hand. Administrative nursing staff D reported staff did not place the Geri-sleeves on the resident prior to getting the resident up. Administrative nursing staff D reported the resident experienced another small skin tear to the left lateral hand this morning while in the Broda chair and staff failed to place the Geri-sleeves on the resident prior to getting the resident up as ordered and care planned.</p> <p>Review of the facility provided policy Safety and Supervision of Residents dated 12/2007 documented the interdisciplinary care team shall analyze information obtained from assessments and observations to identify any specific accident hazards or risks for that resident. The care team</p>	F 309			

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F 309	Continued From page 4  shall target interventions to reduce the potential for accidents. Monitoring the effectiveness of interventions included ensuring staff implemented interventions correctly and consistently.  The facility failed to place the Geri-sleeves on this cognitively impaired dependent resident as planned and ordered to prevent repeated skin tears.	F 309			